

APPLICATION FOR REVIEW

-Complete all pagesNOTE: Personal information you provide may be used for secondary purposes
[Privacy Law s. 15.04(1)(m), Stats.]

Private Onsite Wastewater Treatment Systems Division of Industry Services

| ☐ Plans to be E-filed. Provide SharePoint User name below: | For plan status, check our website at http://dsps.wi.gov Email technical code questions to mailto:DSPSSBPowtsTech@wi.gov | | | | | |
|---|---|--|-------------------------|--|--|--|
| Several counties have been delegated certain authority to review p counties and their designation check our website at http://dsps.wi.g | | Division of Industry services. For | a current list of those | | | |
| Project Information - Fill in all known information. | | Confirmation of assignment to a | reviewer. | | | |
| Project/Site Name: | Transactio | saction ID: | | | | |
| Location, Number & Street of project (if unknown, indicated nearest road) | | Related Trans. ID: | | | | |
| | | d Completion Date: | | | | |
| Legal Description: | Assigned | ed Reviewer: | | | | |
| County | Assigned | gned Office: | | | | |
| ☐ City ☐ Village ☐ Town of | Mail to you | to your office of choice below: | | | | |
| 2. After plans are reviewed, please: (check all that apply) | La Crosse, | a Crosse, Green Bay | | | | |
| ☐ Call customer 1, 2 (circle number)* | | E: We reserve the right to re-distribute plans to another office if | | | | |
| Requesting party will pick up | | ed to reasonably balance turnaround times. Check /dsps.wi.gov for next available review date | | | | |
| ☐ Mail plans to customer 1, 2 (circle number)* | ittp://dapa | p.//usps.wi.gov | | | | |
| *Refers to customer number from below. | | | | | | |
| 3. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information. | | | | | | |
| Designer Information (Customer 1) DSPS First Name Last Name Customer Number | Other Plea First Name | se Specify Below (Customer 2) Last Name | DSPS Customer Number | | | |
| Company Name | Company N | lame | | | | |
| Address | Address | | | | | |
| City State Zip+4 (9 digits) | City | State | Zip+4 (9 digits) | | | |
| Phone Number E-mail address Cell phone (area code) | Phone Num (area code) | | Cell phone | | | |
| Check if applicable | Check if ap | plicable or specify relationship | | | | |
| Owner | Owner | | | | | |
| Information and Plan Submittal Checklists. To request electronic plan review complete the appropriate application form and e-mail it, along with your registered SharePoint username to DSPSSBPlanSchedule@Wisconsin.gov . If plans are being submitted via paper, they will be assigned to a reviewer after receipt at a DSPS office. Submittal checklists can be found in each applicable component manual appearing on the POWTS program page under Publications POWTS Components Manuals | | | | | | |
| | | | | | | |
| La Crosse Area DSPS 3824 Creekside Ln | Green Bay | | | | | |
| Holmen, WI 54636 | 2331 San Luis Place Green Bay, WI 54304 | | | | | |
| 608-785-9334 Fax: 608-785-9330 | 920-492-5601 Fax 920-492-5604 | | | | | |
| Email: DspsSbPlanSchedule@wi.gov | | ax 920-492-5604 mail: DspsSbPlanSchedule@wi.gov | | | | |
| | | | | | | |
| Make Checks Payable to: Division of Industry Services OR | | | | | | |
| ☐ Check box to invoice designer and sign below | | TOTAL AMOUNT DUE | \$ | | | |
| Designer Signature | | | Review Code 7633 | | | |

5. POWTS SUBMITTAL (check all that apply – incomplete forms may result in processing delays) ■ NEW Aerobic Treatment Unit(s) Chlorinator ☐ Tank Replacement Only REPLACEMENT Commercial System ☐ UV Disinfection Unit Add Effluent Filter SYSTEM TYPE(S) NOTE: Submit separate sheets for each system if submitting multiple systems on the same site **Enter Fee** \$85.00 Revision to previously approved plan П Miscellaneous Review (i.e. replacement of a septic tank, addition of an effluent filter or pretreatment device to an existing system, etc.) \$80/hr Component Manual All treatment components are previously approved Design under s. SPS 384.10 (2) or (3): At-Grade Component Manual - Ver. 2.0, SBD-10854 (N.03/07, R. 1/12) Wastewater Flow in In-ground Component Manual - Ver. 2.0, SBD-10705-P (N.01/01, R 10/12) Gallons Per day Design wastewater flow of the proposed system: Mound Component Manual – Ver. 2.0, SBD-10691-P (N.01/01, R 10/12) Pressure Distribution Component Manual – Ver. 2.0, SBD-10706-P (N.01/01, R 10/12) 1.000 apd or less \$ 250.00 **GPD** Other - Please specify 1,001 - 2,000 gpd\$ 325.00 2.001 - 5.000 gpd\$ 400.00 One or more treatment components are not ☐ Soil Based Individual Site Design* previously approved under s. SPS 384.10 (2) or (3): (Individual site design/deviation from component ☐ At Grade manuals and use of components without product ■ Non-Pressurized In-ground Design approval): ☐ Pressurized In-ground Wastewater Flow in ☐ Mound Gallons Per day Design wastewater flow of the proposed system: ☐ Drip-line Constructed Wetlands 1.000 apd or less \$450.00 GPD 1,001 - 2,000 gpd\$600.00 * Documentation must be provided to support treatment and dispersal claims. In a separate 2,001 - 5,000 gpd \$750.00 statement, provide rationale for the project and attach supporting documents (code sections, test greater than 5,000 gpd \$900.00 reports, technical papers, research articles, etc.) plus \$0.08 for each gallon over 5000 gpd State-owned facilities: Holding tanks previously approved under s. SPS Design 384.10 (2)(3). Design wastewater flow of the Wastewater Flow in proposed system: Holding Tank Component Manual, Ver. 2.0, SBD-10855-P (N.03/07, R1/12)* Gallons Per day 5.000 apd or less * Non-state owned Commercial and Residential Holding tanks that completely utilize this manual \$ 90.00 5,001 – 10,,000 gpd \$150.00 and have an estimated daily flow of less than 3000 gallons per day must be submitted to the GPD appropriate governmental unit for review instead of the Department, [see SPS 383.32(3)(a)] greater than 10,000 gpd \$225.00 Holding tanks including site constructed tanks NOT Holding Tank Individual Site Design*, (i.e. site constructed, <5 day holding capacity, Co-Design previously approved under s. SPS 384.10 (2) or (3). mingled wastewater, etc.) Wastewater Flow in Design wastewater flow of the proposed system: Please specify: Gallons Per day 5,000 apd or less \$180.00 * Documentation must be provided to support the rationale for the project. In a separate statement, 5.001 – 10.000 apd \$300.00 please include all code sections, test reports, technical papers, research articles, etc.) greater than 10,000 gpd \$450.00 GPD Soil Saturation Determination Report (using observation pipes) ☐ Interpretive Determination \$240.00 Experimental System (One time additional fee). Submit fee for individual system as per appropriate above system type) \$400.00 Experiment Number Priority Review (enter same amount as normal review fee listed above)

Enter Total (rounded to the nearest dollar)

| SBD- | 10577 | (R | 4/1 | 8 |
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